

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011694

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 164 Primary Registration District No. _____ Registrar's No. 49

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Columbus Township

Length of stay in 1b

1 year

c. FULL NAME OF (If NOT in hospital, give location)

Residence, Rural Centerville

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Johnson

c. CITY

R.R. Centerville

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R.R. Centerville

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Daniel

Middle

Robert

Last

Rauch

4. DATE OF DEATH

Month

March

Day

Year

21 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

4-8-1933

9. AGE (last birthday)

28

IF UNDER 1 YEAR

Months 11 Days 13

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Farm Labor

11. BIRTHPLACE (City and state or country)

New Port News, Va.

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Personal belongings

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound in Upper Chest,

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

12 gauge shotgun, discharged by

DUE TO (c)

another person.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Gunshot, by another person

20c. TIME OF INJURY

12:30Hour a.m. Month, Day, YearPm.. 3-21-6220d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Farm

20f. CITY, TOWN, OR LOCATION

Centerville, R.R.

COUNTY

Johnson, Missouri

STATE

21. I attended the deceased from saw him dead on 3-22-1962and last saw him alive on Death occurred at 12:30 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Kelly Rawlins M.D. Coronar Johnson Co.

22b. ADDRESS

22c. DATE SIGNED

3/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-23-1962

23c. NAME OF CEMETERY OR CREMATORY

to Lexington, S. Carolina

23d. LOCATION (City, town, or county)

Lexington S. Carolina

24. FUNERAL DIRECTOR

The Brauningers,

ADDRESS

Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

Mar. 23 1962

26. REGISTRAR'S SIGNATURE

Lavannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59105102051034 05 367 18 29 981X101112 90-313 1-0

SEP 25 1962

APR 18 1962

NOV 8 1962

†
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Gable

Licensed Embalmer No. 4140

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.